



Division of Charitable Solicitations
312 Eighth Avenue North
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243
(615) 741-2555

WARNING: False or misleading statements
Subject to maximum \$5,000 penalty. T.C.A. §48-101-514

APPLICATION TO RENEW REGISTRATION
OF A CHARITABLE ORGANIZATION

INSTRUCTIONS: Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may attach additional sheets. Indicate that an item does not apply by placing N/A by its number. A nonrefundable registration fee must accompany this application. The amount of the filing fee is as follows:

Organization's Gross Revenue	Annual Filing Fee
\$0-\$48,999.99	\$100.00
\$49,000.00-\$99,999.99	\$150.00
\$100,000.00-\$249,999.99	\$200.00
\$250,000.00-\$499,999.99	\$250.00
\$500,000.00-ABOVE	\$300.00

OFFICE USE ONLY

Reg. No.	Date Rec'd.
Fee Pd.	
Rec. No.	—

See REVERSE side for additional instructions.

1. Name of organization: _____ FEIN _____
2. Do you solicit contributions under any other name(s)? Yes ☐ No ☐ *If yes, indicate below:*

3. Principal Office Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
A. If organization does not maintain an office, name and address of person having custody of financial records:
(Street) _____ (City) _____ (State) _____ (Zip) _____
B. Mailing Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
4. Telephone Number: (____) _____ Fax Number: (____) _____ Email Address: _____
5. Do you have other offices in Tennessee? Yes ☐ No ☐ *If yes, indicate below:*

6. Have you added any Chapters, Branches or Affiliates in Tennessee since your last registration? Yes ☐ No ☐ *If yes; list name and address:* _____

Are you registering and reporting the financial activities of these organizations? Yes ☐ No ☐
7. Has your charter or by-laws been amended since your last registration? Yes ☐ No ☐. *If yes, attach amendment(s).*
8. Has your tax exempt status been revoked by the Internal Revenue Service since your last registration? Yes ☐ No ☐
If status has been revoked, attach a copy of letter of revocation.
9. Has your fiscal year changed since your last registration? Yes ☐ No ☐. *If yes, your new fiscal year:* _____
10. Attach a list of all states where you are currently registered.
11. Have you been enjoined by any court from soliciting contributions since your last registration? Yes ☐ No ☐ *If yes, attach detailed explanation*
12. Attach a list of the name, title, address and phone number of each officer, director, trustee and principal salaried officer.
13. Has any officer, director, manager, operator or principal been the subject of an injunction, judgment or administrative order or been convicted of a felony? Yes ☐ No ☐ *If yes, attach detailed explanation.*
14. Describe the purpose of the organization: _____

15. Indicate method(s) by which solicitations will be made during this registration period: Personal contact ☐ Mail ☐ Telephone ☐
Radio/TV ☐ Volunteers ☐ Professional Solicitor ☐ Fund Raising Counsel ☐ Vendor ☐ Internet ☐
Webpage address: _____ ☐ Other ☐ _____

A. List the name(s) and address(es) of persons hired by organization to assist in solicitation activities:
(Name) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____
(Name) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____
B. Attach a true copy of any contract with persons named above.
16. List the name and address of individual(s) who have final responsibility for the custody of contributions are:
(Name) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____
17. List the name and address of individual(s) who have responsibility for the final distribution of contributions are:
(Name) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

SIGNATURE SECTION

THIS DOCUMENT MUST BE SIGNED BY *TWO SEPARATE AUTHORIZED OFFICERS, ONE OF WHOM MUST BE THE CHIEF FISCAL OFFICER*. THE NOTARY MUST VERIFY EACH SIGNATURE. I/We certify that the statements in this registration statement and all supplemental forms, documents and continuation sheets are true and accurate. We understand that this registration will be accepted only if the requirements of the charitable solicitation laws are met. We agree to cooperate fully with any requests by the Secretary of State or Division of Charitable Solicitations to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent rules and regulations. We are aware that we are subject to punishment if any of the statements we provide are willfully false.

Signature of Authorized Officer	Date Signed	Signature of Chief Fiscal Officer	Date Signed
Print Name		Print Name	
Title		Title	
NOTARY SEAL		NOTARY SEAL	
Sworn to and subscribed before me (or to me personally known) at:		Sworn to and subscribed before me (or to me personally known) at:	
(County and State)		(County and State)	
This the _____ day of _____ 200__		This the _____ day of _____ 200__	
Signature of Notary Public		Signature of Notary Public	
My Commission Expires: _____		My Commission Expires: _____	

ADDITIONAL INSTRUCTIONS

- A.

Tennessee law requires every person to renew by its anniversary date if it intends to continue to solicit contributions in the State. A renewal application (and all other information/documentation required by law) must be received by the State within six months of the close of the organization’s fiscal year. **A late fee of \$25.00 will be assessed for each month, or portion thereof, that all required information is not timely filed.**
- B.

A renewal fee must accompany the application. The fee is based on an organization’s gross revenue from all sources. (See fee schedule on front of the application.) Make checks or money orders payable to the Tennessee Secretary of State.
- C.

Return the application package to: Division of Charitable Solicitations, 312 Eighth Avenue North, 8th Floor, William R. Snodgrass Tower, Nashville TN 37243.
- D.

When filling out the renewal application, please follow these instructions:

#1.

Indicate the legal name of the organization. You must include the organization’s Federal Employer Identification Number (FEIN).

#2.

If your organization solicits contributions under other name(s), so indicate.

#3A.

The principal address must be a complete street address, including zip code + 4. Post Office Box, Route #, etc. is not acceptable.

#3B.

Indicate a mailing address, if different from the principal office address.

#6.

A parent organization (or federated fundraising organization) may file a registration statement and report the financial activities of its chapters, branches or affiliates (or independent member agencies), *except when the chapter, branch or affiliate (or independent member agency) solicits or receives contributions from a source other than the parent organization (or federated fundraising organization).*

#7.

You must file any amendments to your organization’s charter (e.g., name change) or by-laws.

#8.

If your organization’s tax-exempt status has been revoked, you must file a copy of the IRS letter of Revocation.

#10.

Indicate every jurisdiction where your organization is authorized to solicit contributions.

#12.

The organization’s address and telephone number may be used.

#13.

A criminal proceeding that results in a plea agreement must be included.

#14.

Provide a detailed description of the organization’s charitable purpose(s).

#15.

A charitable organization that hires an unregistered person to assist with its solicitation activities will be subject to civil penalties up to \$5,000 per violation.

#16 & 17.

Provide a full name and address (including street address, city, state and zip code).
- E.

You must notify the Secretary of State in writing if you do not intend to continue solicitation activities.